



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4812 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SELECT PHYSICAL THERAPY
4716 GETTYSBURG ROAD
MECHANICSBURG PA 17055

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TRAVELERS CASUALTY INS CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-12-3156-01

MFDR Date Received

JUNE 20, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The above mentioned patient's claims denied for timely filing. The claims submitted through our electronic biller, Jopari, and per the information we received from the website, all dates were submitted well within timely filing requirements. The dates received are: 7/25-7/27 (8/8/11), 7/18-7/20 (7/29/11), and 8/1-8/4 (8/10/11). The claims were never process by Travelers at that time because they [sic] claims were not on file. The claims were resubmitted in November of 2011 and denied for timely filing..."

Amount in Dispute: \$1,060.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...The Provider alleges timely electronic filing of the medical bills at issue, and support of their contention submits several 'Provider Bill Details'. These bill details were not issued by the Carrier. A review of the bill details indicates that the billing information was incomplete. The header section of the bill detail does not contain either a claim number or a date of injury. As such, there was no means to electronically identify and submit this bill to the Carrier. This is further supported by the denial statement indicating that additional information was required to submit the bill. Further, this bill was submitted to the Carrier in hard copy, not electronically. The DCN (document control number) assigned to this bill by the Carrier starts with the year received as documented on the bill image attached. This indicates the bill was received in hard copy (electronically received bills DCN starts with four zeros). This DCN is assigned when the bill is received and reported back to the electronic filer. This would be reported on the confirmation back to the provider; however, on the examples submitted with the Request for Medical Fee Dispute Resolution, the Bill Control Number is blank. Further, the Bill Review Number cited on the Provider Bill Detail does not match the number methodology for review numbers assigned by this Carrier. The Carrier did not receive these bill electronically as alleged by the Provider and Jopari. The Carrier contends the Provider is not entitled to reimbursement..."

Response Submitted by: Travelers, 1501 S. Mopac Expressway, Ste. A-320, Austin, TX 78748

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 18, 2011 through August 4, 2011	Physical Therapy	\$1,060.65	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 227 – Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code)
 - 29 – The time limit for filing has expired.
 - TXH3 – Per Texas Labor Code 480.027 bills must be sent to the carrier on a timely basis, within 95 days from dates of service.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The respondent submitted bills showing the bills were received on November 14, 2011. No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 24, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.